

DOCUMENT RESUME

ED 052 732

HE 002 362

TITLE A National Program to Expand Educational Opportunity in Hospital and Health Care Administration.

INSTITUTION Association of University Programs in Hospital Administration, Washington, D.C.

PUB DATE Apr 71

NOTE 57p.

EDRS PRICE EDRS Price MF-\$0.65 HC-\$3.29

DESCRIPTORS *Administrative Personnel, Financial Support, *Graduate Study, Health Services, *Hospitals, *Minority Groups, Professional Education, Professional Occupations, *Recruitment, School Holding Power

ABSTRACT

This report, prepared by the Association of University Programs in Hospital Administration (AUPHA), presents recommendations for increasing the representation of minorities in hospital and health-care administration careers on a nationwide basis. A short-term objective is to increase the representation of minorities in graduate degree programs from the present 3.3 percent to 12 percent in 1976. Major emphasis will be placed on the recruitment and retention of minority group students in the educational pathway and on financial assistance. This report presents four position papers on: (1) the retention of minority group students, by J. Joel May; (2) the recruitment and motivation of these students to careers in hospital administration, by Robert R. Detore; (3) the provision and administration of financial aid, by Haynes Rice; and (4) the placement or professional integration of minority graduates from programs in health and hospital administration, by Peter B. Levine. The report also describes AUPHA recruitment activities; the results of the 1970-71 pilot program which consisted of summer on-the-job experience in a hospital for interested minority group students; and plans for a national recruitment program. Information is also presented on budget requests and projections and projections of required financial support for students. A list of 7 recommendations by the AUPHA Office of Student Affairs concludes the report. (AF)

ED052732

AUPHA

A NATIONAL PROGRAM TO EXPAND EDUCATIONAL OPPORTUNITY IN HOSPITAL AND HEALTH CARE ADMINISTRATION

APRIL, 1971

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIG-
INATING IT. POINTS OF VIEW OR OPIN-
IONS STATED DO NOT NECESSARILY
REPRESENT OFFICIAL OFFICE OF EDU-
CATION POSITION OR POLICY.

ASSOCIATION OF UNIVERSITY PROGRAMS
IN HOSPITAL ADMINISTRATION

AE002-362

FORWARD

This report marks a turning point in the field of hospital and health care administration. It clearly recognizes the racial imbalances which characterize participation in this field and lays out an action plan to change that pattern. The report contains a series of recommendations which have been adopted as AUPHA's program for the next five years. If the support required for these recruitment and retention efforts can be obtained, the face of hospital and health care administration will be changed.

In 1969, the Association's Executive Committee recommended preferential admission of selected members of minority groups to the graduate programs. In 1970, the Association experimented with a summer work program as a device to increase, over time, the flow of minority group applicants to the graduate programs. This pilot project, described in detail in the following pages, was supported by the Commonwealth Fund, Ernest and Mary Hayward Weir Foundation, W. K. Kellogg Foundation, Brooklyn Model Cities, and the Department of Health, Education, and Welfare. The project was evaluated by AUPHA's Recruitment Committee which concluded that it should be continued on a much larger scale.

The recommendation was accepted by the AUPHA Executive Committee, after discussion with the National Association of Health Services Executives. NAHSE, which represents many Black health care administrators, has a close, continuing relationship with all AUPHA minority group activities. The Executive Committee also adopted the five year goal of 12% minority group enrollment and the strategy outlined in the recommendations contained herein. Position papers on the components of the strategy were presented and discussed at the 1971 Annual Meeting before the final preparation of this report.

Two grants have launched this expanded effort, and the Association is grateful for the early vote of confidence they represent. They are: \$15,000 from the Weir Foundation and \$40,850 from the National Urban Coalition.

This document was developed under the leadership of Dr. James O. Hepner (Washington University), J. Joel May (University of Chicago), and Robert R. Detore (AUPHA). Working with them have been Haynes Rice (National Association of Health Services Executives), Peter B. Levine (University of Colorado), and Dr. Sally B. Knapp (Columbia University). We also wish to acknowledge the help of the Association of American Medical Colleges, whose report on medical education for minority group members served as a model for this document.

Gary L. Filerman, Ph.D.
Executive Director

CONTENTS

	<u>Page</u>
Forward	i
Introduction and Conclusions	1
Position Paper: "Retention of the Minority Group Student in the Educational Track" - J. Joel May	4
Position Paper: "Recruitment and Motivation of Minority Group Students to Careers in Hospital Administration" - Robert R. Detore	12
AUPHA - Recruitment Activities	16
Recruitment: The Pilot Program, 1970-71	18
Outcomes	22
Recruitment: The National Program	23
Administration	23
Content	25
Follow-Up	26
Associated Activities	26
Recruitment Program: Budgets	
1971-1972 Budget and Request	27
1972 Budget Projection	28
1973 Budget Projection	29
1971-1973 Summary	30
Position Paper: "Provisions and Administration of Financial Aid for Minority Group Students During Their Educational Programs" - Haynes Rice	31

	<u>Page</u>
Student Support: Recommendations	36
Student Support: Projections of Required Financial Assistance	37
Table I: Projected Number of Students in Hospital and Health Care Administration, 1970-71	38
Table II: Projected Number of Students in the National Work-Study Program Who Will Enter Graduate Programs, 1971-76	39
Table III: Grant Loan Financial Requirements, 1970-1976	41
Position Paper: "The Placement or Professional Integration of Minority Graduates From Programs in Health and Hospital Administration" - Peter B. Levine	42
AUPHA-Office of Student Affairs: Recommendations	48
Exhibits	

INTRODUCTION AND CONCLUSIONS

The purpose of this report is to present recommendations for increasing the representation of minorities in hospital and health care administration careers on a nationwide basis.

The long-term goal is to achieve equality of opportunity by reducing or eliminating inequitable barriers and constraints to access to this profession which have resulted in a representation of racial minorities in hospital and health care administration which is much less than their representation in the U.S. population. Blacks comprise 2.5% of all hospital administrators as contrasted to 11-12% of the population. Americans of Spanish descent and American Indians comprise an additional 5-7% of the population. A disproportional representation of minority students exists in graduate programs in hospital administration as well.

It is proposed as a short-term objective toward achievement of this goal that graduate programs in hospital and health care administration increase the representation of minorities in degree programs from the present 3.3% to 12% by 1975-76. This means graduate school enrollment rising from the present 41 first year minority students in 1970-71 to a target of 202 in 1975-76. To achieve this objective, cooperative efforts by those groups responsible for and interested in the education of hospital administrators will have to be vigorously pursued over the next five years.

Realizing the enormous complexity of the problem and concentrating on those aspects which have the greatest urgency, it was concluded that major emphasis should be placed on three areas: (1) the recruitment of students into the educational pathway, (2) the retention of students in the educational pathway leading to the hospital and health care administration profession, and (3) financial assistance for hospital administration students.

This report uses definitions of retention and recruitment which differ importantly from the usual connotations. Retention is defined as minimizing the exit of interested students from the educational pathway leading to the hospital administration profession. Retention in the educational pathway in the field of hospital administration is a unique problem. For example, in medicine a substantial number of young people identify themselves as pre-med students at the time they enter college, which occurs several years before they enter medical school. Thus, in addition to attracting other students to medical careers, medicine has the challenge of retention within the educational pathway of those students who have expressed a desire to be a physician. The field of hospital administration has a different problem. There is a need to establish an educational pathway to graduate school. The profession lacks visibility in general and in particular among minority groups.

The National Work-Study Recruitment Program in Hospital Administration for Minority Group Students was developed as an approach of establishing

an educational pathway for minority students. This program, which is explained in detail in the report, combines a selection process, introduction to the world of work, financial support, retention strategies, counseling and continuous contact - all combined in a single program with proven effectiveness on a pilot basis.

At present, there is no central coordinating agency to receive and dispense monies for financial assistance to minority students. In order for the field of health and hospital administration to fulfill its commitment to achieve 12% minority group representation by 1975, there is a clearly identifiable need for a national organization to assume this responsibility. Graduate Programs in Hospital Administration, acting on an individual basis, have not been successful in obtaining financial support for the increasing number of minority group students at anywhere near the level required, even for present students. A national Health Administration Fund should be established to provide national coordination, solicitation, and distribution of financial aid to minority students.

Recruitment is defined as efforts to increase the number of students entering the educational pathway. The National Work-Study Recruitment Program in Hospital Administration for Minority Group Students serves as an effective mechanism for increasing the number of students entering the educational pathway.

It is believed that the major problem in the retention of students in the educational pathway and the recruitment of new students is financial assistance. It is clear that present efforts in the retention and recruitment of minority students in the hospital administration profession cannot succeed unless new approaches are initiated to expand financial resources.

This report supports the following conclusions:

1. The main barrier today for minority students in attending graduate programs in hospital and health care administration is the inadequacy of financial aid. Coincident with increasing enrollment of minority students in graduate programs, Federal government and other sources of funds have been decreasing. The need is urgent for reversing this trend and establishing better mechanisms for obtaining and utilizing financial aid.
2. Another critical factor in retention and recruitment of minority students in graduate programs in hospital and health care administration is the dissemination of accurate information to students and counselors. Counseling should be directed to those efforts which will help the student to fully realize his potential and to gain the confidence needed to pursue a career in hospital administration.
3. The National Work-Study Recruitment Program in Hospital Administration for Minority Group Students should be continued and expanded. The Program remains the most effective device for increasing minority student interest in the field. It also provides a direct educational pathway to graduate programs.

4. The AUPHA Office of Student Affairs should expand its role to provide central coordination and a clearinghouse for all minority student recruitment activities.

RETENTION OF THE MINORITY GROUP STUDENT IN THE EDUCATIONAL TRACK

J. Joel May
University of Chicago

The idea of separating the discussion of minority group students in Programs in Hospital Administration into the four areas which you are hearing about this afternoon, i.e. Recruitment and Selection, Financial Aid, Retention in the Educational Track, and Placement, was brought to our attention in a presentation document from the American Association of Medical Colleges which discuss minority group students in Medical Schools. In that document, they found this factoring a useful framework on which to structure the discussion which was to take place.

Each of the four areas of concern are important. Certainly the recruitment of minority group students for Programs in Hospital Administration is an endeavor worth undertaking and one which the staff and membership of the Association of University Programs in Hospital Administration has been deeply involved in for some time. Similarly, the identification of sources of financial aid for these students is a most important activity as is the seeking out of appropriate and self-actualizing placement sites for the minority graduates of Programs in Hospital Administration.

My subject is Retention in the Educational Track.

I will assume for the purpose of this discussion that, as a result of the efforts of AUPHA and others, sufficient numbers of minority group students will be recruited for Programs in Hospital Administration and that simply increasing the numbers of such students who apply (as contrasted to those who matriculate) is not a serious problem. I will further assume that financial sources have been tapped to the maximum and that no student's opportunity to enter a Program or his academic performance in the Program is likely to be adversely affected by undue concern over inadequate financial resources. Note that I am not by any means dismissing these problems. Rather, I am attempting to limit this discussion to selection and retention of students. The assumptions above make this possible.

There are two dimensions to this question which we address here. The first, and perhaps precedent dimension is concerned with the selection process. There are clearly unresolved issues concerning the use of standardized evaluation criteria and routine admitting practices as applied to minority group students which will, if ignored, greatly shape the task of the Program in its activities devoted to training minority group students. We will deal with this first.

Usefulness of Standard Evaluation Criteria

Because children of the poor tend to score considerably lower on standardized tests of ability and achievement than do children of the

affluent, one can say that in this descriptive sense such tests are "biased against" or "discriminate against" or "penalize" the former. Unfortunately, these have value connotations and descriptive denotations.

From the standpoint of the selection process, the "educationally disadvantaged" applicant to a Program would simply be he who, on the basis of all available information, including high school grades, undergraduate grades, test scores, socio-economic status, race, ethnic origin, etc. is likely to have appreciably more academic difficulty than the typical minimally admissible student. This definition of educational disadvantage is not in accord with the varied use in the professional literature of such expressions as "culturally deprived" or "socially disadvantaged." It is not congruent with tacit assumptions that all persons of a given race, ethnic group, or regional group are educationally disadvantaged. According to the definition proposed here not all blacks or Chicanos or Puerto Ricans will have academic difficulty in any particular University. Individual differences in academic abilities within each group will be great.

During the first half of the past decade, a number of writers questioned the validity of standardized tests for ascertaining the developed abilities of children from lower socio-economic groups. One of these writers, M. D. Jenkins, who was long time President of predominantly black Morgan State College in Baltimore, stated in 1964: "... it is well known that standardized examinations have low validity for individuals and groups of restricted experiential background." (1) That same year Fishman and others presenting the "Guidelines for Testing Minority Group Children" of The Society of Psychological Study of Social Issues, wrote that the "predictive validity (of standardized tests currently in use) for minority groups may be quite different from that for the standardization and validation groups" (2) In 1965 Green and Farquhar (3) reported a correlation coefficient of only .01 between school and college ability test scores and grade point averages for 104 black males compared with .62 for the differential aptitude test verbal-reasoning scores for 254 white males.

These reports, however, do not prove standardized tests to have lower predictive validity for educationally disadvantaged college students. Only the Green and Farquhar study actually dealt with data. Cleary (4), (5) tried to replicate the findings of Clark and Plotkin (6) with a better control design, but failed. The conclusions of Green and Farquhar were questioned in some detail by Stanley and Porter (7). For black students, especially, the differential validity hypothesis has been found questionable; indeed, test scores sometimes over-predict the academic achievement of blacks (8), (9).

There does seem to be some evidence, however, of an association between socio-economic status and achievement on admission tests and in college grades. To the extent that this in turn is associated with racial or ethnic background, there will tend to be a clustering of minority group students in this category.

In general then, there is some evidence that minority group students score less well on standardized achievement tests but that test scores do

not typically serve as good predictors of academic achievement for this group. It is often contended that in order to succeed in college these educationally disadvantaged students need less of the ability measured by the standardized tests than do the more advantaged ones. Seldom is it asked why they would need less ability. The persons who contend this seem to imply that students who have come up the rough way will study harder and more effectively than advantaged students, or perhaps even that by having survived in the ghetto they have developed coping techniques useful also in schools. Unfortunately, there is no convincing evidence that such occurrences happen frequently for students who are greatly underqualified, with respect to both test and grade point average, relative to other students in the same college or university.

Recently, some institutions have decided to waive test scores (and sometimes grades too) in admitting disadvantaged applicants. If the rationale for this is that the academic-aptitude and achievement tests lower prediction of criteria such as grade point average or persistence to graduation, it is a foolish procedure, since in any predictive activity an additional variable cannot reduce validity, but only increase it or, at worst, leave it unchanged. Substituting letters of recommendation and other subjective predictors of success for test scores and grades would appear an unfortunate step backward into subjectivity and invalidity. It would seem more sensible to predict the criterion for each applicant from all the available predictors and then, if desired, to set up predictive lists separately for disadvantaged and non-disadvantaged students. Those disadvantaged applicants who seem on the basis of all evidence to be most promising can be accepted, offered financial aid, and, where needed, given educational remediation and tutoring.

The significance of all of this for the subject of retention of minority group students in the educational track is clear. Any significant compromise on admitting standards with respect to "disadvantaged" students (to the extent that this is a characteristic of minority group students--and there is some evidence that this is the case) is likely to have a significant impact on the average level of attainment of the student body as they progress through the educational track. To the extent that such compromises are made, Program Directors must be clearly aware of the additional remedial and tutorial effort which will be required in the interests of maintaining students in the educational track.

The second dimension of the problem is that which revolves around the question of the effect on the curriculum, the education of the students concerned, and the education of the other students in the Program of the admission of educationally disadvantaged students to a Program in Hospital Administration.

A number of colleges and universities are now more concerned with the disadvantaged student's persistence to graduation than with his grades. In my experience, it is likely that this approach is somewhat characteristic of Programs in Hospital Administration generally.

Not many systematic studies of differential persistence to graduation between Blacks and whites have yet been completed, but the evidence from

Petlow, (10), Nicholson, (11), Clark and Plotkin, (6), Borgen, (12), and Astin, (13), suggests that reasonably able Black students from High socioeconomic backgrounds who attend selective colleges persist well to graduation even though many of them make mediocre or poor grades. Most of these students chose their respective colleges, however, rather than having been recruited. We know virtually nothing yet concerning the persistence of other disadvantaged minority groups.

However, persistence to graduation can hardly be accepted as the primary criterion. The persister must, in the process, get at least as good an education as he could elsewhere for the same effort and cost and also be available for placement in an appropriate activity. Nevertheless, careful objective evaluation of the educational attainments of the students as they progress seems imperative and I would strongly suggest that a mechanism be set up by the Association to undertake such evaluation in the face of the paucity of current data.

A considerable number of minority group students with weak academic preparation are being recruited into some of the most selective colleges and universities in the country. There the academic-aptitude and achievement-tests scores of many such recruits may be several standard deviations below the average, non-special student, and even far below the minimum level for regular admission to the institution. Most colleges do not publish figures for special students compared to regularly admitted students, but one can get a few statistics such as the following: Kendrick (14) infers that "not more than 15% and perhaps as few as 10% of . . . Negro high school seniors would score 400 or more on the verbal section of the SAT. Only 1 or 2% would be likely to score 500 or more."

The percentages for all high school seniors in the country are approximately 5 and 20 respectively according to the published college board reports. As noted earlier (10), the fifth percentile of SATV scores for freshmen in the College of Arts and Sciences at Cornell University is 535. Cornell uses a cutoff of 620 on SATV to define those students who are considered academic risks.

Cornell University may have the ablest large group of Black students in the country if SAT scores are used as the criterion. The verbal means of entering freshmen in the special program (composed almost entirely of Black students) for 1965-66 through 1968-69 ranged from 530 to 570, whereas the means of the freshmen in the College of Arts and Sciences ranged from 660 to 703. The average difference between the students in the special program and the entire Arts and Sciences group was 137 points (15).

In the fall of 1967, Michigan State University enrolled "sixty-six not normally-admissible Negro freshmen . . . more than half (of whom) had combined scholastic aptitude test scores of under 789" (16). No comparative figures for regularly admitted freshmen are given, but the following remarks indicate the discrepancy (Reference 16, page 13):

May 28, (1968): Lunch with four faculty members who want to "do something" meaning tutor Negro freshmen next Fall. Their ideas are good and all went well until they started saying how high the students grades and test scores should be. They had a hard time believing we haven't even one that high in our special-admission group.

For the University of Illinois during the academic year 1968-69 Humphreys (17) reported a "difference between the means of the two races that was 2.4 times the standard deviation of the Caucasian distribution." Bowers (18) provides detailed comparisons of the 111 men and 152 women in the Special Educational Opportunities Program (SEOP) with the regular Illinois freshmen on eight test variables in high school rank.

It seems likely that trying to compete far above their comfortable level would confine to the easier courses and universities most students who are quite underqualified academically, thereby limiting their choice. Also, though such students may pass most of their courses with C's and D's, one wonders what they will be learning, relative to what they might learn in another college where their relative level of ability is average or better. In addition, the negative concept of themselves which they may develop as low man on the academic totem pole must be considered.

Recall that these data and these quoted conclusions deal with undergraduate students in selective colleges. At best they are, for our purposes, inferential. The process of specializing these findings to the graduate level education in Hospital Administration with which we are concerned is neither simple nor straightforward. Much more information is needed on the academic performance of minority group students in graduate education in general and, in particular, in Programs in Hospital Administration. The Association of University Programs in Hospital Administration and its members are in an excellent position to undertake a comparative study of this sort. Until far more than is presently known about these problems is available, it will be most difficult to deal directly with some of the issues involved in the retention in the academic track of members of minority groups. However, we do have strong inferential evidence that, at least at the undergraduate level, such problems are present.

The issues which face us at present are, as I see them, the following:

1. To what extent are minority group students and students who are academically disadvantaged the same group of students?
2. How does the admission process cope with disadvantaged students in order to provide them with the sorts of opportunities for graduate education which we feel we want to provide?
3. What is the likelihood, given a selection process, of such students succeeding academically; as contrasted to "persisting to graduation"?
4. To what extent are remedial and tutorial activities, if

necessary, available? What is the extent of the needed activities in this area? What is the cost in faculty time and program funds required to provide it?

5. Is there a danger of a "dual standard" developing? If so, how can it be avoided?
6. Does experience at the undergraduate level and with large groups of entering students in any way reflect the experience which Programs in Hospital Administration are likely to have?

I would urge that the Association and its members make every effort in the direction of the recruitment of minority students to Programs, but, at the same time to be cognizant of the kinds of problems which may arise and to, early in the process, initiate data collection and analysis procedures which will build upon the existing experience and enable us, in the future, to more adequately and accurately, as well as more equitably, select, admit, educate, and place students of all racial and ethnic backgrounds.

REFERENCES AND NOTES

1. M. D. Jenkins, The Morgan State College Program - An Adventure in Higher Education (Morgan State College Press, Baltimore, 1964). p. 93. For a review of this book emphasizing measurement aspects, see J. C. Stanley, Educ. Psychol. Meas. 25, 273 (1965).
2. J. A. Fishman, M. Deutsch, L. Kogan, R. North, H. Whiteman, J. Soc. Issues 20, 127 (1964). The Society for the Psychological Study of Social Issues is a division of the American Psychological Association.
3. R. L. Green and W. W. Farquhar, J. Educ. Psychol. 56, 241 (1965). Pearson Product - moment coefficients of correlation may vary from -1 to +1, inclusive. They are discussed in most textbooks of applied statistics.
4. T. A. Cleary, J. Educ. Meas. 5, 115 (1968).
5. T. A. Cleary and T. L. Hilton, Educ. Psychol. Meas. 28, 61 (1968).
6. K. B. Clark and L. Plotkin, The Negro Student at Integrated Colleges (National Scholarship Service and Fund for Negro Students, New York, 1963).
7. J. C. Stanley and A. C. Porter, ibid. 4, 199 (1967).
8. Other reviews are by Thomas and Stanley (10); S. A. Kendrick and C. L. Thomas, Rev. Educ. Res. 40, 151 (1970); A. R. Jensen, Toledo Law Rev. 1970, Nos. 2-3, 403 (1970); S. H. Cramer and R. R. Sevic, College Board Rev. No. 78 (Winter 1970-71), p. 22. Other pertinent articles include: V. H. Hower, Pers. Guid. J. 43, 764 (1965); J. D. Joney, ibid. 44, 700 (1966); J. R. Hillis and J. C. Stanley, in Proceedings of the 76th Annual Convention of the American Psychological Association (San Francisco, 1968), p. 241; J. Negro Educ. 39, 320 (1970).
9. C. L. Thomas and J. C. Stanley, J. Educ. Meas. 6, 203 (1969); also see A. N. Cherdack, thesis, University of California, Los Angeles (1970).
10. W. L. Tetlow, Jr., Cornell Chron., "The Official Weekly Record for Cornell University" 1, 6 (16 October 1969). At Cornell the 5th Percentile on SATV in the College of Arts and Sciences is about 535, so most students who score in the lowest 5 percent there are far above the national median SATV score of high school graduates (which is less than 400).
11. E. Nicholson, Final Report (to the Ford Foundation) of the Study of Success and Admission Criteria for Potentially Successful Risks (Brown Univ., Providence, R.I., 1970).

References and Notes, continued

12. F. H. Dorgen, Res. Rep. Nat. Merit Sch. Corp. 6, 2 (1970).
13. H. Astin, Educational Progress of Disadvantaged Students (Human Service Press, Washington, D.C., 1970).
14. S. A. Kendrick, College Board Rev., No. 66 (Winter 1967-68), p. 8.
15. Expanding Opportunities for Minority Groups (Committee on Special Educational Projects, Cornell University, Ithaca, N.Y., n.d., circa 1968), table 2. Also see Tetlow (14).
16. G. A. Sabine, College Board Rev., No. 69 (Fall 1969), p. 11.
17. L. G. Humphreys, Science 166, 167 (1969).
18. J. Bowers, "Factor Structures and Predictive Validities of College Ability Tests for Regularly Admitted and Disadvantaged Beginning Freshmen at the University of Illinois," paper read at the American Educational Research Association convention, Minneapolis, 3 March 1970.

RECRUITMENT AND MOTIVATION OF MINORITY GROUP STUDENTS TO CAREERS IN HOSPITAL ADMINISTRATION

Robert R. Detore
Association of University Programs
In Hospital Administration

Recruitment and motivation of students into health careers is of primary importance to all of us. All our suggestions and plans for financial aid, retention, and placement are irrelevant unless we have the students who are clearly motivated to careers in hospital administration. There are more than seventy-five health career programs in this country that deal with health career recruitment and motivation on a daily basis. Unfortunately, few health career programs and health professional organizations have made substantial commitments or progress in the area of minority group student recruitment. There are a number of experiences or programs available from various organizations that have become involved in the area of minority group recruitment, however, there does not exist any definite step by step plan on how to recruit or motivate minority group students into health careers.

If we define recruitment as efforts to increase interest in hospital administration careers and the number of students entering graduate programs, then the major functional categories of recruitment efforts seem to be the following:

- A. Informational - providing students with information, through media such as brochures and films which increase his knowledge of hospital administration careers and opportunities.

As you know, during the past year, AUPHA has developed a new brochure on the career in hospital administration and the graduate programs in hospital administration. We have also produced "The Fixing Business," the first film on a career in hospital administration. The career brochure is essentially distributed to those people who directly request it by mail. Because of a budget cutback in the AUPHA recruitment grant, there are limitations on our film distribution; thus, AUPHA has had to rely basically on the interest of guidance counselors in showing the film and on the hospital administrator in promoting the film in his community.

We are not going to effectively recruit minority group students to careers in hospital administration if we rely upon them to write us for information, or if we depend upon the guidance counselor or the hospital administrator to promote our film in his community. The degree of awareness of the field of hospital administration among young people, particularly high school students, is marginal and as it pertains to the minority group student it is almost nonexistent. This past January, I spoke at a session

of the Southeastern Health Careers Conference, before three-hundred high school sophomores and juniors. Before I gave my presentation, I asked the audience how many were aware of hospital administration. Three students out of three-hundred raised their hands, and two out of the three thought that only nurses could be hospital administrators; and this was an all-white audience. I am sure this experience is more of a rule than an exception. If we are really going to reach youth, and especially minority youth, in our recruitment efforts, then we really must initiate a very aggressive recruitment program.

AUPHA can continue to serve as a catalyst in national recruitment efforts for the field of hospital administration, but efforts on the local and state levels must be planned and implemented. I would suggest that we consider the following proposals to increase minority group student awareness of careers in hospital administration:

1. Graduate programs must become more involved in reaching high school and college students in their area. Minority group students enrolled in the program could be asked to speak at high schools and colleges in the field of hospital administration. Brochures and audio-visual aids could be supplied by AUPHA.
2. More effort should be directed at informing high school and college counselors of career opportunities in hospital administration. Graduate programs could sponsor career day seminars on their own campus directed at young people and featuring relevant speakers, particularly minority group administrators who could provide a "role identification" for the students.
3. The AUPHA campus visitation program should be more effectively utilized by member programs as a recruitment device. Minority group students enrolled in the programs should be asked to represent their school at colleges in their area. Special efforts should be made to visit black colleges, particularly in the South where a majority of blacks are educated.
4. Each graduate program should form a recruitment committee composed of students and faculty, which would be responsible for coordinating recruitment efforts for their schools and who would also work with the AUPHA minority group recruitment programs.
5. AUPHA and the National Association of Health Services Executives could sponsor a national conference on recruiting minority groups into careers in hospital administration. This conference, which could be attended by selected faculty and students, would be exposed to various recruit-

ment techniques and experts in the area of minority group recruitment. The conference would also serve as a means of sharing ideas and experiences among all the graduate programs.

6. We should establish an office of minority students affairs in AUPHA to collect and disseminate information relating to opportunities for minority students in hospital administration. The person who would direct this project could also work closely with the various graduate program recruitment committees. The office of minority student affairs would also be directly responsible for the distribution and condensation of the National Clearinghouse for minority group student applicants to graduate programs in hospital administration. In order to establish an office of this nature, we would need foundation support over a specified time period.

The next major category of recruitment efforts would be classified as:

- B. Experiences - exposing students to actual hospital administration experiences. I think we are doing this very effectively through the National Work-Study Recruitment Program in Hospital Administration for Minority Group Members. Of course, I would like to see this program extended to every large urban area in the country, but there never seem to be enough financial resources available to meet very human problems. We are in the process now of working out the arrangements of expanding this program to other cities beyond our two pilot cities of last year, Baltimore and New York.

Having the privilege to have worked very closely with this program and all the students involved in it, I am sold on the idea of a work-experience program as a very valuable means of recruiting students into the field of hospital administration. Just about all the students who participated in the pilot program last year were totally unaware of the position or importance of the hospital administrator in the health care system. I know that once these students were exposed to the health care system and how the administrator is part of the action, they became much more impressed with the field. A majority of students who participated in last year's program have indicated a definite interest in the field; some have already been accepted in programs for the Fall.

We must continue to expand our work-study program, because I think it is the best and most successful thing we have going for us in the area of minority student recruitment.

The last category in recruitment efforts that I would like to discuss is:

- C. Role-Identification - we must present students with real life

"models" of successful members of minority groups in hospital administration. I think that students can identify with the personal image of a career. Marcus Welby, M.D. is doing a tremendous job for medicine, but unfortunately, you never see a hospital administrator in any of those TV shows, because the administrator is too busy running the hospital. I think this is an important role for NAHSE - a role which they are assuming quite well. I know that NAHSE has organized a student association which is quite together. I think if these students become more involved on their college campuses and home communities, they can be a tremendous force in the recruitment process. I think that AUPHA should cooperate with the NAHSE student organization and give them the tools to do their job.

I hope that the recruitment efforts I have discussed in this paper will give you an idea of what we are doing now, and how much more we could be doing to motivate more minority group students to the field of hospital administration. Let me conclude by saying that I do not think the responsibility for recruitment for any student group remains with a few organizations. I think we all must look at what our own institutions are doing in this area, as I have tried to do in this paper as regards to AUPHA, and then continue from that point to do more.

THE ASSOCIATION OF UNIVERSITY PROGRAMS
IN HOSPITAL ADMINISTRATION

RECRUITMENT ACTIVITIES

During the 1920's and 1930's, in response to the recognition that professionally educated, full-time management was needed in our nation's hospitals, various attempts were made by universities to inaugurate formal courses of training in hospital administration. While most of the early programs were short-lived, a notable exception was at the University of Chicago, where the first continuing graduate program in hospital administration was established in 1934. The second graduate program was organized at Northwestern University in 1943. In the period from 1945 through 1948, formal graduate programs were organized at seven U.S. and one Canadian universities. Discussion relative to the formation of a formal association of the programs was held in 1948 with the Association founded that year.

From 1948 to 1964 the administration of the Association was handled by a part-time Executive Secretary based at the University of Chicago. In August of 1964, the W. K. Kellogg Foundation made a five-year grant to the Association for the purpose of developing a program for strengthening graduate education in hospital and health administration. This grant provided for a full-time professional staff.

Today, the Association is a consortium of 35 graduate programs located in the United States, Canada, and Puerto Rico. These programs are the primary source of professional administrative talent for hospitals, health and hospital associations and many other health-related institutions and organizations. In 1970, 613 students received master's degrees from these 35 programs.

Since its founding, a primary concern of the Association has been to attract to the field of health and hospital administration highly motivated people with potential for academic success and professional contributions. A faculty committee has been carrying on recruitment activities for several years. Early in its work the committee posed the question common to all health professions -- how, with limited resources, to improve the number and quality of applicants?

In response to the interest in recruitment among the health professions and their own deliberations concerning hospital administration, the Association's committee felt that it was time to undertake a systematic, balanced recruitment effort designed as a demonstration to provide valuable experience to all health professions. Accordingly, a grant proposal was submitted to the United States Public Health Service in the spring of 1967. The proposal was approved, and the funds (\$210,000) were made available on October 1, 1967. The award supported an intense effort over a four year period with three general objectives:

1. To adopt and evaluate several recruitment techniques for use in hospital administration;
2. To demonstrate a coordinated program of recruitment activities for a health profession by an Association of universities and by individual university facilities;
3. To increase the quality and quantity of applicants to graduate programs in health and hospital administration.

Since 1967, AUPHA has accomplished much in the area of student recruitment. In September, 1970, AUPHA released the first film on hospital administration, "The Fixing Business," which depicts the unique position of the hospital administrator in the organization of health services, community involvement, and leadership in the development of new approaches to old problems. The film is designed to stimulate an interest among high school and college students to the challenges and opportunities of a career in hospital and health administration.

In March of 1971, AUPHA sponsored (with Regional Medical Programs) a Guidance Counselor Seminar in St. Louis to test the effectiveness of such an event for health careers promotion. Over the past five years, AUPHA has developed strong relationships with state and metropolitan health career programs. In June 1970, the AUPHA Associate Director for Recruitment chaired the annual Southeastern Regional Health Careers Conference at AUPHA headquarters in Washington. In September 1970, he was appointed by the National Health Council to serve on a committee to develop a national media program for consideration by the Advertising Council. This effort was initiated by AUPHA.

Since 1968, AUPHA has conducted a Campus Visitation Program whereby hospital administration program faculty members visit nearby campuses to interview prospective students on behalf of the field as a whole. AUPHA has also published career materials which provide comprehensive information on hospital administration education and practice. Since 1968, more than 200,000 pamphlets have been distributed to high school and college counselors. It is important to point out, however, that the support which made these and other recruitment efforts possible terminates September 1, 1971, and that the Association has no resources to continue the recruitment effort after that date.

In addition to being the principal agency for student recruitment, AUPHA performs a broad range of services for the member universities and for the health field. These include: assisting graduate programs through on-campus consultation; faculty continuing education; educational research; faculty recruitment; international service and representation.

AUPHA serves as the Secretariat for the Accrediting Commission on Graduate Education for Hospital Administration of which it is a constituent member. The other members are the American College of Hospital Administrators, the American Hospital Association, and the American Public Health Association. The Commission is the newest officially recognized accrediting agency.

The Association maintains a full-time professional staff of five in Washington, along with five supporting employees. An office at the University of Michigan headed by an Associate Director is completely supported by a grant from the Office of Comprehensive Health Planning. The Association recently signed a \$103,000 two year contract with the National Center for Health Services, Research and Development for consulting services. Additional general and special grant support received in 1970 includes 303,000 from the W. K. Kellogg Foundation, \$7,500 from the Commonwealth Fund, \$26,600 from Model Cities, and \$6,000 from the Weir Foundation. In 1969, in addition to the 18-month CHP continuation grant, the Association received a \$150,000 grant of scholarship funds from the Foster G. McGaw Charitable Fund, and during 1969-1970, AUPHA received \$41,650 in general support from industry and health organizations. In November 1970, AUPHA received a grant from the W. K. Kellogg Foundation for a program to improve educational opportunities in the field of long-term care administration.

Recruitment: The Pilot Program, 1970-71

Since the inception of the Student Recruitment Program in 1967, AUPHA has considered various programs to motivate minority group students to the field of hospital administration.

In March 1970, the Executive Committee of the National Association of Health Services Executives met with the Executive Committee of AUPHA to explore approaches to increase minority representation. The National Association of Health Services Executives represents a majority of minority group hospital administrators in the United States. Building upon the educational and professional contacts of AUPHA and the rapport of NAHSE with minority communities and urban health administration, both organizations agreed to cooperate in the planning and implementation of a pilot Work-Study Recruitment Program for undergraduate students for the summer of 1970.

It was agreed that providing on-the-job experience in a hospital, under the preceptorship of a qualified senior member of the administrative staff and an educational component on contemporary health problems would provide the best means of attracting capable students to the field.

The initial effort was limited to two cities, with a limited number of students and hospitals involved. The principle reason for beginning modestly was an uncertainty about the effectiveness of the approach and unwillingness to recruit a large number of young people to an unproven program. Using two cities insured close staff supervision and the direct involvement of NAHSE leaders. Baltimore and New York City were chosen because of excellent contacts in both cities with the Black Community, hospitals and educational institutions. It was also recognized that the pilot cities had to be in close proximity to the office and to each other due to budget limitations. A National Advisory Committee was established which included representatives from hospitals in Baltimore and New York, AUPHA and NAHSE. Members of the Committee met with hospital administrators in Baltimore and New York to explain the program and solicit their support and participation.

The Advisory Committee decided that the program would be twelve weeks long, giving the students both an introduction to the hospital and an opportunity to observe the hospital in the broad context of community health affairs. The Committee developed flexible guidelines for the summer experience, urging each hospital to develop a program that would meet the interests of the individual student. There were three essential characteristics of the program to be maintained throughout the summer experience: (1) the participant is a student-observer and not "cheap help"; (2) the program emphasizes top management and community level decision making -- access must be assured; and (3) the hospital should be seen as a member of the health services community with a complex of relationships. The guidelines recommended a balance of rotation through hospital departments, project assignments, visits to related agencies and the shadowing of the administrative staff. It was also recommended that the projects be assigned to the students according to their interests and needs.

The Committee decided that each student or administrative intern would be provided with a \$150 per week stipend. This level was selected as providing adequate maintenance and hopefully some margin for savings. An effort was made to establish the total stipend as tax exempt. The stipend was financed by a \$100 per week contribution by the hospital and \$50 per week provided through AUPHA.

The Advisory Committee also established a \$600 scholarship to be provided to each student who successfully completed the summer program. Successful completion of the program would be judged according to the preceptor evaluation of the student and the evaluation of a term report that each student was asked to write on a subject relevant to his summer experience. The ideas leading to the scholarships were that they would enhance applications for the program, provide a useful but not plush level of student aid, and provide the basis of a continuing relationship with program participants.

In Baltimore, ten hospitals agreed to participate in the program. The hospitals were Greater Baltimore Medical Center, Johns Hopkins Hospital, Mercy Hospital, Provident Hospital, Sinai Hospital, Union Memorial Hospital, and four hospitals under the Maryland Department of Mental Hygiene, which were Rosewood Hospital, Metro-Washington Hospital, Montebello Hospital and Springfield Hospital.

In New York, the Advisory Committee concentrated its efforts on the New York City Health and Hospital Corporation. The following hospitals participated in the program: Bellevue Hospital, Elmhurst Hospital, Coney Island Hospital, Cumberland Hospital, Harlem Hospital, Sydenham Hospital, Goldwater Memorial Hospital, Francis Delafield Hospital, Bird S. Coler Hospital, and Gouverneur Hospital. A student was also placed in the central office of the New York City Hospital and Health Corporation.

The program was publicized in New York through the Health and Hospital Corporation and the graduate programs in hospital administration at Columbia University and the City University of New York. In Baltimore the program was publicized at Morgan State College, a predominantly black institution with an interest in developing an undergraduate curriculum in health care

administration.

A brochure was developed to promote the program which listed the criteria for participation. They were:

1. The student will enter either his junior or senior year in the college in which he is presently enrolled in the fall, 1970.
2. Legitimate interest in pursuing the objectives of the program.
3. Potential to pursue a career in health care administration, based on general academic performance.
4. Personal interviews, faculty and employer recommendations.

The brochure also listed various organizations to contact concerning additional information on the program and the scheduling of personal interviews. Members of a Selection Committee (composed of Advisory Committee members and participating hospital representatives) personally interviewed each applicant and evaluated their potential and interest in the objectives of the program.

In New York, twenty-two students of various ethnic and educational backgrounds were selected to participate. In Baltimore, ten students were selected from Morgan State College and one student (who later dropped out of the program) was selected from the University of Maryland.

The Advisory Committee and representatives of the participating hospitals worked out the arrangements and placement of each student. It was possible in many cases to allow students to work in hospitals near their homes. Most of the hospitals in New York accepted the students in pairs as administrative Interns. In Baltimore, each hospital accepted one student except Johns Hopkins which accepted two. Most hospitals indicated interest in additional students but were hindered by budget limitations.

Before the summer program began, meetings were held in each pilot city to give the students and preceptors an opportunity to discuss the program with each other and members of the Advisory Committee.

While the Advisory Committee was developing and promoting the program, AUPHA and NAHSE officers were seeking the necessary financial support. In New York, direct sponsorship of ten students was secured from a Model Cities program. Total funds received and expended for the project were \$68,186.50 from the following sources:

W. K. Kellogg Foundation	\$28,000.00
Commonwealth Fund	7,500.00
Central Brooklyn Model Cities Program	25,751.50
Ernest and Mary Weir Foundation	6,935.00

Almost all of these funds were used for direct student support. AUPHA contributed staff and overhead through their HEW grant for student recruitment, which expires in October 1971.

On the scene coordination for the program was provided in New York by an Administrative Resident in the Health and Hospital Corporation, and in Baltimore by a faculty member of Morgan State College. The coordinators provided liaison between the students, hospitals and AUPHA; they received a modest stipend in acknowledgment of their time and effort.

The highlight of the program was an educational institute conducted by CUNY and Columbia University Graduate Programs in Hospital and Health Administration. All the students from Baltimore and New York attended the week long intensive program on health care issues and programs. The seminar included such speakers as Dr. Joseph English, President of the New York City Health and Hospital Corporation, speaking on health care in America, and Dr. Gary Filerman, Executive Director of AUPHA who discussed graduate education in hospital and health administration.

During the summer, various tours and seminars were provided in each city to give the students exposure to other health care institutions and problems in their area and also to expose them to the leadership of other organizations in the health care system such as Blue Cross plans and health planning agencies.

During the summer, the students did "research" in consultation with their preceptor, for the report which was submitted at the end of the summer. The papers, which varied in length from ten to sixty pages, covered such topics as "Labor Conditions In American Hospitals," "Health Care Services: An Indictment or a Challenge," and "Methadone and Heroin." Each was reviewed and evaluated by a panel of three hospital administrators.

Two evaluation questionnaires were developed, one for the student and one for the preceptor. The students were asked to comment on their own experience and to make suggestions for improving the effectiveness of the program if it is continued. Preceptors evaluated student performance and assessed their interest in health careers. The Advisory Committee reviewed the papers and evaluations and decided to award all but one student a scholarship. It was made clear that the scholarship money was awarded to the students to help defray their tuition and living expenses for the coming academic year. Payment was made upon receipt by AUPHA of a letter from the registrar certifying registration for the Fall.

As the students returned to their campuses, contact was continued with each to determine which students were interested in applying for admission to a graduate program in hospital administration. Meetings were held in Baltimore and New York during the Fall semester for students and preceptors to discuss the program and plans for assisting each student if they planned to pursue a career in hospital administration.

During the summer, Robert Detore, AUPHA Associate Director who headed the program, produced a slide-sound program of the project. This production was shown at the Fall meetings.

Outcomes

Fifteen of the thirty-two students who participated in the program indicated that they would seek admission to a graduate school in hospital administration either in 1971 or in the more distant future. Some students who participated in the program were attracted to other health careers such as social work and medical illustration. Not unimportantly, thirty-two young people returned to their communities with some understanding of health services delivery realities.

To assist those students who participated in the program in gaining admission to graduate programs and to provide a system for processing all minority group student applications, AUPHA has developed a National Clearinghouse for Minority Group Student Applications. According to the Clearinghouse procedures, a student (who may be identified in a variety of ways) fills out an information sheet which is distributed to all the graduate programs in hospital and health administration. This procedure provides the student with exposure to all the graduate programs at a nominal fee, and provides the graduate programs with preliminary information for further attention if the student appears to meet their requirements.

The Work-Study Recruitment Program has proven to be an effective method of attracting minority group students to hospital and health administration and to other health careers. Also, the students' enthusiastic response to last summer's program has led some to ask for a second summer, and they have stimulated many of their friends to write to AUPHA concerning the program. The Work-Study Program has also been effective in involving AUPHA members, some thirty-three graduate programs in hospital and health administration, in the recruiting of minority group students to the field. Representatives of fifteen graduate programs participated in "rap sessions" with the students at the Educational Institute during the summer. These representatives were either graduate students, administrative residents, or administrators, who discussed their school's program with the students.

The New York State Department of Mental Hygiene has awarded AUPHA an unsolicited grant of \$20,000 to place ten students from the 1970 program as Administrative Residents in the New York State Department of Mental Hygiene system in 1971. This program will provide a mechanism for maintaining student participation in hospital administration for a second year once qualified students have been identified during the Work-Study Program. It will, of course, introduce them to a dimension of health administration needing their talents. AUPHA will provide the coordination and administration for the New York State Program and correlate its activities with the on-going Work-Study Program. The New York State Program has been announced to the students who participated last summer, and eleven have been selected to participate.

One of the most exciting outcomes of the pilot project is the interest which other communities have shown in participating in the future. This interest comes primarily from graduate programs in New Orleans, Minneapolis, San Francisco, Philadelphia, Denver, St. Louis, and Chicago.

In addition to the preceding summary of the pilot program, a detailed administrative evaluation was prepared as a basis for a continuation program. In Fall 1970, AUPHA's Recruitment Committee reviewed the pilot program and concluded that it was successful in meeting the established objectives. The Committee recommended that the program be continued on an expanded basis.

The Association has been successful in obtaining a grant from the National Urban Coalition, for all administrative costs of the program through March 1972. This includes staff, office expenses, travel, and support for one meeting of the advisory committee early in 1972. The grant also supports a stipend for a coordinator, a local budget for group activities and Institute expenses for each of six cities for summer 1971. There is a good possibility of some continued administrative support from the Urban Coalition in future years. A grant of \$15,000 toward 1971 stipends has also been received from the Weir Foundation.

Recruitment: The National Program

On the basis of the pilot program, AUPHA intends to expand the National Work-Study Recruitment Program in Hospital Administration for Minority Group Members.

Specifically, the program will:

- Reach a minimum of twelve cities and 371 students during the three years, 1971-73.
- Concentrate on summer work and earnings, discontinuing undergraduate scholarship support.
- Operate with broadened objectives within the general framework of health services administration.
- Attempt to shift continuing responsibility for the program to local organizations.

Administration

As indicated earlier, AUPHA received a demonstration grant for student recruitment from the Federal Government in 1967. The pilot project, as a demonstration, was administered as a subcomponent of the HEW program. While no direct support could be channeled to the project, the AUPHA Demonstration Project staff managed both allied projects. Therefore, a minimum of specific administrative support was required for the pilot project. The federal grant was severely reduced for its fourth year, but will still make some administrative support possible through a part of 1971.

The minority group project will be administered by a permanent AUPHA Office of Student Affairs. This Office will devote most of its efforts to the project and associated activities such as counseling and seeking critically needed student aid. The project is to operate at least through calendar 1973. The minority group project is now recognized as requiring full-time, year-round staffing, particularly as "alumni" of the project increasingly require follow-up services.

AUPHA and NAHSE worked closely together on the pilot project and will continue their partnership, with AUPHA acting as administrative and fiscal agent. AUPHA's established recruitment committee will be the advisory committee to the project. NAHSE is directly represented on the committee, which is the focal point for most recruitment activities in health and hospital administration. This assures continuing guidance by a representative and knowledgeable group of health professionals. A subcommittee will have specific responsibility for the expanded project.

The new program will have a target of six, nine, and twelve cities in each of the three years, with a student population of 86, 115, and 170 respectively. The target numbers are minimum. If additional support is made available, either nationally or locally, the number of students can be expanded, with no increase in administrative costs. We feel that a minimum of ten students is required to justify the administrative effort in any one community, but there is no necessary maximum. Flexibility is required to use resources optimally. If more excellent candidates are recruited in one community than in another and hospitals can accommodate them, we hope to be free to move resources accordingly. With this flexibility, additional funds beyond the proposed budget level are welcome and will be used effectively.

The need for an increase of minority group members in health and hospital administration is nationwide. It is hoped that the program will eventually spread to key cities throughout the nation in order to eliminate the possibility of clustering available resources in certain regions.

With the limited resources available at this time it is necessary to limit the program to critical areas such as large urban centers where the hospital serves as the focal point of health care delivery for the urban poor. Also, cities have been chosen where overt or covert urban unrest is associated with health care delivery.

This year, the cities selected for the expanded program will be concentrated along the eastern seaboard. This will facilitate administrative supervision and conserve resources. In general, additional criteria for inclusion of a city are:

1. Availability of a hospital and health administration faculty with stated interest in the project. Each city will have a local coordinator working closely with the students, who will in most cases be a faculty member. He will arrange field trips, group meetings, and the midsummer institute. The coordinator will also be available for counseling during the coming year. Each will receive a modest stipend.

2. Access to minority group communities. In most cases, this will be accomplished through local members of NAHSE.
3. Overlapping with other efforts will be sought wherever possible.
4. Cooperation of local hospital councils. In each community, initial approaches will be made through the councils, many of which play important roles in local health affairs.
5. Among the target cities, there are three which will provide opportunities for high priority groups. One is Denver, with a large American Indian population. Mexican Americans will be the focus of programs in San Antonio and Los Angeles.

The student stipend for 1971 will be \$135 per week, down from \$150 paid in the pilot project. The hospital will be asked to contribute \$85.00, and the project will contribute \$50.00. The reduction is based on the conclusion that \$135 is sufficient to recruit students at this time. In 1972 the stipend will be \$140, and in 1973, \$145. The project contribution will remain the same. A higher stipend will be paid in New York City because of special conditions which prevail there.

As the project proceeds, an effort will be made to have it adopted as a wholly local effort. The kind of groups which might assume responsibility include hospital councils, administrators clubs, the graduate programs themselves, etc. Local equivalents of the outside support would have to be found. The project director will devote some of his efforts to encouraging such local support. If local support becomes viable early in the project, AUPHA support may be shifted to another on the list of potential target communities.

Selection criteria will be modified to emphasize students with little or no previous health related work experience. The rule will not be "iron-clad," however. It is believed that, with limited resources, each place in the program should be reserved for students who have not had exposure to the field. If there are good applicants with an expressed interest in other health careers, they may be selected. There are two assumptions in this position. The first is that individuals selected have a strong likelihood of being influential members of the community. If they decide not to follow a health career, they will, nonetheless, be better informed and better able to interact with the health system. Secondly, those with previous experience will have had the opportunity to decide if they wish to pursue a health career.

Content

The concept and objectives of the program will be broadened in the future. As a profession, hospital administration has a unique concern with all health careers, which the program will reflect while concentrating on management. There are, therefore, desirable outcomes other than administration.

Not all of the participants will want to go on to graduate school or have the aptitude to do so.

The participants will learn about the many important management jobs for which a bachelor's degree is appropriate. These include department heads in hospitals, nursing home directors, health center managers, and staff members in planning and prepayment agencies. If the participant should conclude that he or she wants to pursue a graduate level health career other than in administration, AUPHA will work with appropriate organizations to help the student accomplish that goal.

The expanded program will include efforts to place students in: General hospitals, special hospitals, long-term care facilities and health departments. The guidelines will call for structured extended visits to planning agencies and prepayment plans after the participant has had a substantial exposure to the direct care program of the host organization. We hope that this approach will open up career ideas previously unheard of by the participant.

Follow-up

Each participant will receive an "exit interview" at the end of the summer. He will be asked to evaluate his own experience and the overall program and also about career plans. Those who indicate an interest in hospital administration will be followed closely during the school year. If they are juniors, the project director will help them find summer jobs in hospitals the following year. Fellows of the American College of Hospital Administrators will be used for placement whenever possible. Those who are seniors will be assisted by the AUPHA applicant clearinghouse.

The clearinghouse will be supported through this program. Specific funds are not earmarked for this purpose in the budget because it is difficult to separate out direct costs. Operation of the clearinghouse will be the responsibility of the project director, and specific procedures and forms have already been developed. The clearinghouse is a multiple application process. The advantage to the student is optimum opportunity for admission to some program. The program in turn has the advantage of full information and an expanded applicant pool. AUPHA will assist accepted students in securing financial aid. It is true that such aid is very limited and the Association will next turn its attention to this problem.

Associated Activities

The offer of the New York State Department of Mental Hygiene has been described earlier. The project staff will administer this sub-project, from which all of the funds will be devoted to student stipends. The project staff will continue present efforts to work with other health professions to enhance all aspects of recruitment. At the same time, the Association will continue its general recruitment efforts.

RECRUITMENT PROGRAM

1971 - MARCH 1972: BUDGET AND REQUEST

CITIES: 6

New York City - Baltimore - Newark - Philadelphia - Chicago - San Francisco

National and Local Administration	\$49,188.00
National Urban Coalition Grant	40,845.00
National Center for Health Services, Research, and Development Grant	8,343.00
Funds Required	None

STUDENT STIPENDS

	<u>Total</u>	<u>Local Funds</u>	<u>Available Support</u>
46 at \$135 per week	\$ 74,520	\$46,920	\$15,000 (1)
30 at \$150 per week	54,000	36,000	--
10 at \$150 per week	18,000	--	18,000 (2)
11 at \$150 per week	19,800	--	19,800 (3)
	<u>\$166,320</u>	<u>\$82,920</u>	<u>\$52,800</u>

(1) Weir Foundation Grant

(2) Model Cities Contract

(3) New York State Grant

STIPEND SUPPORT REQUIRED: \$30,600

MINORITY GROUP RECRUITMENT PROGRAM
1972 BUDGET PROJECTION

CITIES: 9

STUDENTS: 115

NATIONAL ADMINISTRATION

STAFF	\$32,500
ADVISORY COMMITTEE ..	3,000
PRINTING	1,550
PHONE, MAILING	1,050
SUPPLIES	1,400
TRAVEL	5,000
TOTAL COST	<u>\$44,500</u>

COMMUNITY LEVEL ADMINISTRATION

COORDINATORS	\$ 9,000
GROUP ACTIVITIES	2,700
LOCAL INSTITUTES	2,500
TOTAL COST	<u>\$14,200</u>

STIPENDS

115 FIRST YEAR (1,680)	\$193,200
TO BE RAISED LOCALLY	124,200

SUPPORT REQUIRED

TOTAL PROGRAM COST	\$251,900
TO BE RAISED LOCALLY ...	\$124,200
PENDING URBAN	
COALITION APPLICATION. 44,500	
	<u>\$168,700</u>
	... 168,700
SUPPORT REQUIRED	<u>\$ 83,200</u>

MINORITY GROUP RECRUITMENT PROGRAM
1973 BUDGET PROJECTION

CITIES: 12

STUDENTS: 170

NATIONAL ADMINISTRATION

STAFF	\$36,000
ADVISORY COMMITTEE ..	3,500
PRINTING	1,900
PHONE, MAILING	1,250
SUPPLIES, DUPLICATING.	1,775
TRAVEL	6,000
TOTAL COST	<u>\$50,425</u>

LOCAL ACTIVITIES

COORDINATORS	\$12,000
GROUP BUDGETS	3,600
INSTITUTES	4,800
TOTAL LOCAL	<u>\$20,400</u>

STIPENDS

170 FIRST YEAR (1,740)	\$295,800
TO BE RAISED LOCALLY	193,800
REQUIRED SUPPORT	102,000

TOTAL PROGRAM COST	\$366,625
TO BE RAISED LOCALLY ...	\$193,800
PENDING URBAN COALITION APPLICATION.	<u>50,425</u>
	<u>\$244,225</u> <u>244,225</u>
SUPPORT REQUIRED	\$122,400

MINORITY GROUP RECRUITMENT PROGRAM

1971 - 1973 SUMMARY

	CITIES	STUDENTS	NATIONAL ADMINISTRATION	COMMUNITY ADMINISTRATION	TOTAL STIPENDS	COMMUNITY SUPPORT	NATIONAL SUPPORT NEEDED
1971:	6	97	\$39,388	\$ 9,800	\$166,320	\$120,720	\$ 30,600
1972:	9	110	44,500	14,200	193,200	124,200	83,200
1973:	12	170	50,425	20,400	295,800	193,800	122,400

TOTAL PROGRAM COST		\$824,033
TO BE RAISED LOCALLY		\$438,720
GRANTS RECEIVED		64,188
APPLICATIONS PENDING		94,925
	<u>\$597,833</u>	<u>597,833</u>
FUNDS REQUIRED		\$226,200

PROVISIONS AND ADMINISTRATION OF FINANCIAL AID FOR
MINORITY GROUP STUDENTS DURING THEIR EDUCATIONAL PROGRAMS

Haynes Rice
National Association
of Health Services Executives

One's responsibility to cover the following areas on the question of provision and administration of financial aid for minority group students during their educational programs must begin with this premise: that the management of health care services carries a similar pattern to the management of other financial institutions, and the problem of including larger numbers of Blacks in the health care system must carry the same priority as did exist in business administration.

My responsibility has been to cover the situation from the following areas: (1) What is the appropriate level of financial aid for such students, vis-a-vis the total educational cost? (2) What are the pros and cons of specifically focused minority group traineeships or fellowships being awarded through university settings? (3) Should fellowships and scholarships be awarded through universities, or directly to students from a central body, and (4) Should financial assistance be provided for a period extending beyond or preceding the formal academic training?

If, in the health care industry, both educator and deliverer are interested in the same objective, to hasten the entry of Blacks into managerial positions in hospitals and other health care facilities, then we are past hurdle number one; however, if we are not on the same wave length in terms of a behavior commitment to overcome the present intellectual approach of studying the problem until it goes away, we face a dilemma.

The available pool of talented Blacks available to admission to graduate schools is a precious commodity. If health care administration is to gain its share of "qualified" Blacks, then it must rid itself of past approaches to financing recruitment and education of the Black.

The problem facing the health care educational field in terms of meeting the problem stems from a past reluctance on the part of the industry (hospitals) and trade association (health professional organization) to spend monies on administrative education in general, and is compounded when one attempts to focus attention on past indifferences to the inclusion of Blacks in health care management. Let us be reminded that last year three Blacks graduated from schools of hospital administration from schools of this Association, and currently there are only fifty-one minority group members enrolled in your programs out of a total 1,665 student population. There is a total of sixty-seven minority students enrolled in all programs of health care, including administration, planning, and organization.

The National Association of Health Services Executives, Incorporated

is in the process of opening doors of the industry representatives (American Hospital Association) and the trade association, (American College of Hospital Administrators), and one can report honest concern on the part of both segments to do something about the problem. This concern should be expanded to local hospitals and suppliers to bring about a significant educational fund.

Some parallel development that will have a significant impact on the problem will be: (1) The Consortium for Graduate Study in Business for Blacks, is interested in education of Blacks for the non-profit sector, and (2) some schools of hospital administration and some hospitals are not interested in the problem.

In view of the stated developments, the most appropriate approach would be to develop assistance for total support for Black students interested in health care management, and include only those schools that are interested in educating Black people as managers. The Consortium for Graduate Study in Business for Blacks, composed of the University of Indiana, University of Rochester, University of Southern California, Washington University, and the University of Wisconsin, in its annual report revealed that the four years (1966-1970) is a long time in equal opportunity activities, and also in the administration of a program designed to hasten the entry of Blacks into managerial positions in business through the sophisticated MBA route. Attitudes of Blacks toward business careers, of business toward Blacks in managerial roles, of graduate schools of business toward minority group enrollment, and of our broader society have changed during this period. They report:

1967: 20 students enrolled; 11 graduated; 2 drafted; 3 did not complete requirements for MBA, but entered business; and 4 dropped out or considered other careers.

1968: 34 students enrolled; 24 graduated in 1970; military claimed 7; and 3 dropped out.

1969: 65 students enrolled; 55 will graduate in 1970.

1970: 83 students enrolled.

The Consortium visited 128 colleges and universities, interviewed over 900 persons, received 475 applicants, and made 88 fellowship awards in 1970. Since its inception, these five programs have received 1,308 applicants and have selected 266 students.

The total budget for the calendar year 1970-1971 is estimated at approximately \$662,000. In 1969-1970, corporations contributed \$320,260; as of May 31, 1970, foundations contributed \$175,000; 110 companies are supporting the program. Since its inception in 1966, only nine companies have indicated that they are discontinuing their support; all were pleased with the program, but financial conditions within their companies caused them to eliminate this program.

Tuition ranges from \$900 to \$2,600 in schools of business. All students are provided fellowships that provide tuition, plus a \$2,500 stipend each year for two years provided the student maintains the standards set forth by the graduate school of business in which he is enrolled. It is estimated that the total cost to support a student is \$6,000 per year. One prominent school of business makes the statement that "all qualified students can complete their programs regardless of financial resources."

The most appropriate level for support of minority students in health care management is one that will insure that all qualified students can gain entrance to schools of hospital administration and complete their programs regardless of financial condition.

The pros and cons of specifically focused minority group traineeships or fellowships be awarded through universities. A simple reply to this proposal is that schools who do not develop fellowships specifically for minority students or a mechanism to achieve this need not get involved, for they will never attract qualified minority group students.

In the report of the Association of American College Task Force to the Inter-Association Committee on expanding educational opportunities in medicine for Blacks and other minorities, it was pointed out by the Task Force that the general problem of student finances is of such magnitude that it demands immediate federal attention. It concluded that the main barrier today for minority students in attending medical schools is the inadequacy of financing.

Among its recommendations was that a single national organization, such as National Medical Fellowships, augmented by a standing committee of representatives of concerned public and private institutions, be responsible for coordination, solicitation, and distribution of financial aid to minority students.

The value of a central body making the grant would allow flexibility in terms of school selection on the part of the student, and would help to eliminate the uneven distribution of minority students among schools of hospital administration.

Among the alternatives to the direct grant approval would be to create an educational loan fund that would enable the student to repay portions of his earnings back into the fund. This would support those who believe in the idea of student self-financing of education. The minority student is already heavily burdened in debt to finance his undergraduate education, and the competitive thrust of other professional disciplines for the Black student precludes this from being the best approach.

Among the factors affecting the increase in minority groups enrollment in schools of hospital administration are:

1. Commitment on the part of health care leadership (AUPHA, AHA, ACHA, NAHSE) to improve the percentage of minority persons involved in administration of American hospitals.

2. Increase in college enrollment of minority students.
3. Increase in percentage of minority students interested in hospital administration (recruitment).
4. Increase in retention of interest in hospital administration during college (summer program).
5. Increased probability of minority applicant selection.

The final question, should financial assistance be provided for a period extending beyond or preceding the formal academic training, differs from the medical field and should not be one of the primary concerns at this time. The pool of available minority students for graduate training in hospital administration is significant enough to meet the demand and concern that will be evidenced by the professional educational guild of hospital administrators (graduate programs in hospital administration). Our energies can be best focused on providing opportunity for persons currently available for schools of graduate education, keeping in mind that the Consortium from five schools of business received 1,308 applicants for 266 spots. The hospital administrator's income is a fixed income and there is little start-up cost incurred in the first years, unlike the field of medicine's cost of equipping an office and staff.

In summary, an educational trust fund of sufficient amount to cover tuitions, fees, and maintenance for minority group students available to those programs who are interested in eliminating the disparity between the supply and demand for minority health professionals should be established.

REFERENCES

- Schoen, Sterling H., Third Annual Report - Consortium for Graduate Study In Business for Blacks - 1970
- Nelson, Bernard W., M.D., Report of the Association of American Medical College Task Force to the Inter-Association Committee on Expanding Educational Opportunities for Blacks and Other Minorities - 1970
- University of Chicago Graduate School of Business - MBA Fellowships for Black Students - 1970
- National Association of Health Services Executives, Student Affiliate - Black Students in Graduate Programs for Hospital Administration - 1970
- Filerman, Gary L., Dr., Pool Study of Applicants - Association of University Programs in Hospital Administration - 1968-1969
- University of Chicago Graduate School of Business - Issues and Ideas - 1970

Student Support: Recommendations

It is recommended that AUPHA establish a National Health Administration Fund, administered with the advice of a committee composed of representatives of appropriate public and private institutions, for the solicitation and distribution of financial aid to minority students. The basic policy of the organization shall be to assure that all minority group students with demonstrable financial need have sufficient funds to meet the expenses of attending the graduate program in hospital administration of their choice.

The main functions of the Fund will be:

1. To act as a central coordinating body for the multiple sources of financial aid for minority students, thus achieving better overall utilization of available resources.
2. To advocate increased university, government, and other financial support for minority students.
3. To solicit funds as required from private donors, foundations, national organizations, and industry.
4. To allocate funds so as to work toward an equitable distribution of funds on the basis of certified student need.

The following guidelines are suggested for policy on allocation and distribution of funds:

1. Direct grants would be provided to the student for tuition and other necessary educational expenses in the first year of graduate school.
2. Loans would be made available to the student in the second academic year of graduate school, recognizing that a certain percentage of the students will be the beneficiaries of residency stipends.
3. Assessment of student financial need could be determined by one of the firms which currently provide need-analysis services, such as College Scholarship Service, The American College Testing Program, or by the individual university in keeping with their established policies.

Implications of the proposal for financing of minority students in graduate programs in hospital administration are:

1. The student's assumption of debt would occur after he has completed his graduate program.
2. The formula for determining grant amounts would be responsive to cost differences among schools.

3. The distribution of funds directly to the student rather than indirectly via the graduate programs permits optimum flexibility in student placement.
4. The direct distribution of funds overcomes difficulties introduced by the uneven distribution of minority students among graduate programs in hospital administration and the uneven distribution of existing student support resources.
5. A national program administered by AUPHA for centralized financial aid responsibility will provide a practical mechanism through which philanthropic and other institutions can channel funds to programs to increase minority student representation in graduate programs in hospital administration.

It must be emphasized that the proposed national program is not intended to replace any current funding efforts, but to coordinate existing aid programs and develop new resources.

Student Support: Projections of Required Financial Assistance

The following tables, with accompanying notes, embody the student aid proposal based upon the recommendations. Table I is based on the assumption that enrollment patterns will follow the trend of recent years. It is adjusted to reflect anticipated growth in the number of graduate programs. The number of minority group students entering graduate programs in hospital and health care administration will be: 41 (1970-71), 61 (1971-72), 87 (1972-73), 122 (1973-74), 136 (1974-75), and 202 (1975-76). A substantial portion of these students will probably be former participants in the summer work program described in previous chapters. Attrition is held constant at general graduate school rates, with overall minority group representation reaching 12% of the student body by the target year of 1975-76.

TABLE I

PROJECTED NUMBER OF STUDENTS IN HOSPITAL AND HEALTH CARE ADMINISTRATION, 1970 - 1971

	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>1974-75</u>	<u>1975-76</u>
Total Students Enrolled	1,666	1,832	2,015	2,216	2,437	2,680
First Year	881	979	1,070	1,181	1,298	1,427
Second Year	785	853	945	1,035	1,139	1,253
Total Minority Students Enrolled	55	97	141	199	244	322
First Year	41	61	87	122	136	202
Second Year	14	36	54	77	108	120
Percent of Minority Students of Total Students	3.3%	5.3%	7.0%	9.0%	10.0%	12.0%
Number of ALPHA Member and Associate Member Graduate Programs	33	35	37	39	41	43

TABLE 11

PROJECTION OF NUMBER OF STUDENTS IN THE NATIONAL WORK-STUDY RECRUITMENT PROGRAM
WHO WILL ENTER GRADUATE PROGRAMS, 1971 - 1976

Academic Year	Number of Students In Work-Study Program	Projected Number Entering Graduate Programs	Number of Minority Students Entering Graduate Programs	Percent of Minority Students of Total Students
1970-71	--	--	41	3.3%
1971-72	80	30	51	5.3%
1972-73	110	66	99	7.0%
1973-74	170	102	109	9.0%
1974-75	--	--	143	10.0%
1975-76	--	--	187	12.0%

Based on the assumption that 40% of Work-Study participants will pursue a graduate degree in hospital and health care administration. This may be a conservative estimate.

Table III is based on an assumed ten percent annual increase in tuition costs. The average annual need assumes that many students will require less than full support, while others may require up to \$3,500 in 1971-72, and \$5,520 by 1975-76. Projections based on a recent AUPHA study of minority student finance (1971) indicate that seventy percent of first year students require substantial financial assistance. While the percentage remains the same for the second year, about one half may be anticipated to be receiving residency stipends. This reduces to thirty-five percent the number requiring substantial assistance at the level specified in the top line.

TABLE III

GRANT-LOAN FINANCIAL REQUIREMENTS, 1971 - 1976

	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>1974-75</u>	<u>1975-76</u>
Projected Average Need	\$ 1,980	\$ 2,178	\$ 2,396	\$ 2,636	\$ 2,900
Number of First Year Minority Students	61	87	122	136	202
Number of Second Year Minority Students	36	54	77	108	120
Total Students in Need of Assistance	79	114	161	190	262
Total Students Requiring Grants	43	61	85	95	141
Total Students Requiring Loans	13	19	27	38	42
Total Grant Support Needed	\$ 85,140	\$ 132,858	\$ 203,560	\$ 250,420	\$ 408,900
Total Loan Support Needed	\$ 25,740	\$ 41,382	\$ 64,692	\$ 100,168	\$ 121,800
Total Funds Needed Per Year	\$ 110,980	\$ 174,240	\$ 268,252	\$ 350,588	\$ 530,700

TOTAL GRANT-LOAN COST FOR FIVE YEARS: \$1,434,760

THE PLACEMENT OR PROFESSIONAL INTEGRATION OF MINORITY
GRADUATES FROM PROGRAMS IN HEALTH AND HOSPITAL ADMINISTRATION

Peter B. Levine
University of Colorado

In any complete description of educational opportunities, it is natural to discuss placement of graduates. Although most graduate programs (with professional or academic orientations), to say nothing of undergraduate programs, seem to be least concerned with this aspect of the educational continuum, this has not been the case in health and hospital administration. Indeed, this profession was, for a long time, short on didactic input, but heavy on placement and organization after graduation.

As the body of knowledge in health and hospital administration has grown and many programs met that challenge by increasing the academic input to the curricula, the interest in placement did not shrink. In this type of setting it appears that placement of graduates, in fact, is not an entity in itself, tacked on to the end of the graduate work. Instead, the importance of placement and integration of graduates in the field is probably a part of, and affected by, the continuum which includes the selection process, curriculum development and course design in many programs. Since the selection process had become so competitive, many programs have found that the criterion of potential placement creeps into the selection decision. In curriculum design and course development, we can and should find examples of social, economic and political changes in the field, as well as new administrative developments; again, the placement of graduates into rapidly changing settings behooves programs to adjust their curricula accordingly.

As a result, this discussion of placement must not lead us to a narrow track which is isolated from the total educational process in health and hospital administration. It is necessary to briefly touch on a number of aspects, all of which relate to placement of graduates or, to phrase it another way, professional integration. These aspects are included in the following five sections: 1) Should graduate programs in health and hospital administration place their graduates? 2) Is the placement of graduates from racial minority groups different from the placement of other graduates? 3) Historical trends in the selection process affect professional integration. 4) Student, curriculum, and faculty diversity. 5) Comments and suggestions for integration in the professional milieu of minority graduates from programs in health and hospital administration.

Should Graduate Programs in Health and Hospital Administration Place Their Graduates?

As indicated above, many graduate programs, and most undergraduate

programs, do not emphasize placement of graduates. Indeed, graduate placement is time consuming and difficult. One can question whether the placement of graduates is relevant to the educational process, or whether placement activity is a faculty role, particularly when graduate students in some academic areas are probably better able to place themselves.

The graduate programs in health and hospital administration have been somewhat unique in the area of placement. Heavy emphasis has always been placed on the "proper" placement of graduates immediately after graduation and throughout their careers. This practice has continued today even though academic development, including course design and research, has strapped the time of faculty members.

The rationale for the faculty involvement in placement activity seems logical for a number of reasons. Traditionally, recruitment for health administrators has been on a very personal level. Institution administrators with a job vacancy often contact colleagues for suggestions rather than publishing a description of the vacant position and asking for applications. Further, the administrator seeking to fill a position often contacts former teachers or colleagues in the university program with the idea that the teacher may have closer contact with recent graduates; this has also been done to maintain a certain "loyalty" among alumni of the various programs. Because of the traditional pattern of maintaining this relationship, a setting has been created whereby most universities have become clearinghouses for jobs in the field of health and hospital administration.

The programs themselves have seemed to cherish this responsibility. They have, very clearly, accepted this role as one of their obligations to the student; part of a continuing responsibility for their students beginning with the application process and continuing throughout their careers. It is noteworthy that some programs may feel they are only as good as their graduates, and therefore, strive to help their graduates "succeed" in the field. This assistance to graduates may, incidentally, include other aspects besides placement, such as continued educational programs after graduation.

Is the Placement of Graduates From Racial Minority Groups Different From the Placement of Other Graduates?

If we examine our moral norms we must clearly assert that there should be no difference in methods or sites for placement of minority graduates as compared to other graduates. If we examine our social norms we would probably conclude that there is a difference. If we can accept the promise stated in the previous section, that is that graduate programs do, to a certain extent, control placement and that placement is part of the total educational continuum conceived and designed by university programs, then a heavy burden must fall on the shoulders of those who can effect a change in our social norms.

A number of comments are relevant to a discussion related to changing social norms. It has been alluded that placement of graduates is often

related to the quality of the student as measured in the selection process. All graduate programs should have a clear responsibility to themselves and to their graduates to develop standards of quality sometime before graduation. No two graduates can be equal, but a spectrum of academic quality can be designed so that all students will graduate somewhere along that spectrum. Notice here that only a spectrum of quality for graduation is indicated; this suggests that students who are admitted into the program show some potential to meet the standards on that spectrum. Criteria for entrance into the program have not been suggested. It would be nonsense to suggest, with our limited knowledge, that "so-called" objective measurements, such as a grade point average or test scores, be used as standardized evaluation criteria for entrance. It has not been shown that these measurements have a correlation with excellent academic work in graduate school or success in the health administration field. There is no reason to believe that other measurements such as interviews, references, professional experiences, educational experiences and personal experiences would not add greatly to an applicant's credentials.

In a sense, this suggests that the phrase "dual standards for entrance" which is often used to justify the admission of minority students, who, because of imposed disadvantages, have not been able to achieve quality standards comparable to other applicants, is sheer folly. A single standard can and should be used. The standard is subjective, complex, difficult to design, and difficult to administer. The standard, however, is the best that we can develop for the admission of graduate students who ultimately are expected to deal effectively with society using professional administrative tools. The standard, over-simplified, is that every student be able to offer something to the small classes which make up our graduate programs in health and hospital administration, while at the same time show at least some potential for being able to achieve graduation on the spectrum of quality indicated above. For example, a graduate program in health and hospital administration might be wise to admit a student who has a social welfare background, an applicant who happens to be an attorney, perhaps someone with a Peace Corps experience, applicants with maturity, with youthfulness, and applicants who represent racial minorities as well as students who have shown a potential for high academic achievement. This particular idea will be discussed in greater depth in the next section.

Suffice it to say at this point that placement of graduates from racial minority groups is only different if the faculties who control the placement continue to allow it to be different. Adjustments in placement methods and criteria are necessary if differences exist; more far-reaching than that are adjustments in all aspects of the educational process in our graduate programs. If these adjustments are made, there should be no reason to discuss different placement criteria as a rule, unless we are faced with problems of bigotry.

Historical Trends in the Selection Process Affect Professional Integration.

It was suggested above that successful integration of health administration professionals in the field is, in many cases, affected by the

selection process. It is ironic that for twenty-five years graduate programs in health and hospital administration have been quite parochial in their selection processes. Those same programs are now concerned with placing their minority graduates in institutions or agencies that are directed by their own products. A simple study would probably show that, traditionally, graduate programs in health and hospital administration which are located in schools of public health have tried to identify applicants with a science background. At the same time, graduate programs located in schools of business often required various business school prerequisites. Indeed, many graduate programs maintained, and continue to maintain, an absolute minimum acceptable undergraduate grade point average and test scores. It is suggested here, without specific data, that many programs added other subjective criteria so as to limit the nature of their classes. For example, it has been advisable for an applicant to be born a male (the field has been blatantly unkind to females); it has been advisable for an applicant to gain experience in a hospital setting (somehow being an orderly for two years appeared better than only one year of experience as an orderly and far superior to no experience at all), and other criteria which demonstrated maturity, also had a tendency to creep into the selection process. Some examples of these are a stable marriage, completion of military requirements, and wholesome extracurricular activities while in undergraduate school.

Once again, it is ironic that the graduate programs are faced with developing a positive social mix in the health administration field by trying to find ways to place minority graduates with the model but molded graduates of the past.

Student, Curriculum, and Faculty Diversity.

The selection criteria which graduate programs in health and hospital administration have used have created an apparent mishap in changing social mores. As we move toward a health care system that allegedly will treat all individuals as equals, we find that there is little equality among those who have gained access to the administration of health care services. In attempts to rectify the situation, graduate programs in health and hospital administration are now challenged with the difficult problems of professional integration. This will mean, in fact, that minority graduates must not only be placed in neighborhood health center programs which now serve disadvantaged and/or minority groups, but they must be placed in all kinds of health agencies. It is clear that the health care system in the United States is moving rapidly toward a program whereby all agencies which deliver health care will be equally available to all people. It is noted in the previous section that the selection process with its inbred parochial criteria and mechanisms has, over a period of several decades, affected our ability to easily diversify the types of people who are now health administrators. The solution to this problem should be found somewhere in an attempt to diversify the student mix selected for each class. At the risk of being redundant, but to emphasize a point, it seems essential that student selection committees must concern themselves with new selection criteria. If the assumption that graduate students can learn a great deal

from each other by their mere interaction (this learning process would include specific didactic materials as well as social understanding) is accepted, then it is reasonable to assert that the student on the lower end of the academic quality spectrum may be able to teach the student on the high end of that spectrum something about social patterns which may be unknown to the latter. Similarly, the student with high academic ability may be able to help the other student with some esoteric didactic materials. There is no reason to believe that faculty should or do provide anything more than direction for understanding while they pontificate. This may be an over-simplification, but the point must be made; students learn from each other as well as from faculty. This assertion cannot be overemphasized particularly as it relates to the education of students who plan to enter a field which relies heavily on an understanding of behavioral science and social interaction as well as hard, quantifiable techniques.

In order to create the diversity in the graduates, and therefore the administrators in the field that is important for an effective professional mix, it should be noted briefly that graduate programs in health and hospital administration must also be concerned with diversity among the faculty and diversity in their curricula. The curriculum and the course design of a program should be adjusted at least annually to accommodate the needs of a changing field, a changing social milieu and a diverse student body which would naturally have various needs and interests. Without belaboring the point, the concept of diversity should also be carried to the faculty. A diverse student group and a changing curriculum require a faculty that is representative of diverse professional, educational and social backgrounds.

Comments and Suggestions for the Integration in the Professional Milieu of Minority Graduates from Programs in Health and Hospital Administration.

Perhaps it seems irrelevant to discuss all of the ideas proposed in this paper when the topic has been isolated to that of placement for minority graduate students. However, the isolation of this topic to the mere simplification of mechanical problems such as comparative starting salaries, placement sites, placement criteria and similar problems, would be an injustice to the people who are affected by this broad problem and an insult to the people who are looking for long-term solutions. The problem is identifiable not as one of mechanics, but simply one of human understanding or effectively working with all people as equals. It has never been easy to place Catholics in Lutheran hospitals or Jews in Catholic hospitals. Racial minority groups, more pointedly, have been conspicuously absent in the field. Graduate programs have made some inroads with their placement of graduates by breaking down some of the religious barriers; the graduate programs are now examining the potential for breaking down the racial barriers; in 15 or 20 years, when it may be too late to do an easy and effective job of professional integration, the graduate programs may be faced with breaking down the sex barriers as women rush to work in this attractive service industry.

There may be some specific mechanisms which could lead to a faster

integration, but they require individual thought and should not be laboriously discussed here. These may include the integration of practicing administrators with minority students in real projects and postgraduate education programs for administrators which develop an understanding of the need for all types of people in their professional group. Programs may even want to consider bringing practicing administrators into student seminars (that are well-mixed) as participants, not as lecturers.

In the final analysis, it's probably not difficult to find jobs for minority students in programs oriented toward minority problems. However, educators must effectively reorient themselves and their programs so their students are integrated into the total field.

It should be clear, then, that the main task for the effective placement of minority graduates is primarily a responsibility of program faculties. The responsibility, however, does not end with the simple mechanical act of placement, but includes accountability for selection procedures, curriculum adjustments, course design and other aspects of the educational process which affect easy placement and professional integration in health and hospital administration.

AUPHA Office of Student Affairs -
Recommendations:

It is recommended that AUPHA seek the necessary funding to expand its Office of Student Affairs. It is obvious that an office of student affairs with broader responsibilities can be a source of much useful information for prospective hospital administration students, counselors, and advisors, and academic institutions.

Expanded responsibilities of the office would include:

1. Collection and dissemination of information relating to opportunities for minority students in hospital administration.
2. Development of audio-visual materials relevant to minority groups to assist in recruitment and informational activities.
3. Development of a comprehensive program to reach Black colleges, which at present educate the majority of minority students.
4. Cooperation with other organizations involved in minority group recruitment in health careers, such as the AAMC, National Urban Coalition, and the National Medical Foundation.
5. Providing consultation services to other organizations involved in minority group recruitment, such as state and metropolitan health career programs.
6. Evaluation of efforts directed to increasing minority enrollment in graduate schools in hospital administration.
7. Expanded operation of the application clearinghouse.

NATIONAL WORK-STUDY RECRUITMENT PROGRAM IN HOSPITAL ADMINISTRATION FOR MINORITY GROUP STUDENTS

FACT SHEET

PURPOSE—

In light of the minimal representation of minority groups in hospital and health care administration programs and the concentration of minority groups in urban areas deprived of adequate health care services, the National Work-Study Program is established to: 1) Motivate minority group college students to identify health care administration as a realistic career objective; 2) Provide meaningful experiences and assistance which will encourage them to actively pursue and enter the field and, 3) stimulate awareness of and interest in middle management positions still another area of critical need

THE PROGRAM—

A 12 week summer program which exposes junior and senior minority group college students to hospital and health administration by means of rotation through hospital departments, project assignments, visits to related agencies and the shadowing of the administrative staff. The student is placed under the preceptorship of a hospital administrator. The student will receive a \$135-\$150 stipend per week, of which \$85-\$100 is to be contributed by the participating hospital.

LOCATION—

In the summer of 1970, the program operated in Baltimore and New York. The following cities are being asked to participate in Summer 1971: New York, Baltimore, Chicago, Newark, Philadelphia, and San Francisco.

SPONSORSHIP—

The program is organized and coordinated by the Association of University Programs in Hospital Administration, Washington, D.C. and the National Association of Health Services Executives.

PARTICIPANTS—

In the summer of 1970, eleven students were assigned to ten hospitals in Baltimore. In New York City, eleven hospitals participated with 25 students.

FUNDING—

In 1970, the program was supported by the W.K. Kellogg Foundation, The Commonwealth Fund, Central Brooklyn Model Cities Program, and the Weir Foundation. At present, partial funds for the Summer 1971 Program have been granted by the Weir Foundation and the National Urban Coalition.

RESULTS—

70% of the students have identified hospital and health administration as their career objective as a result of their summer work experience, many have applied to AUPHA and have been accepted in graduate programs in hospital administration.

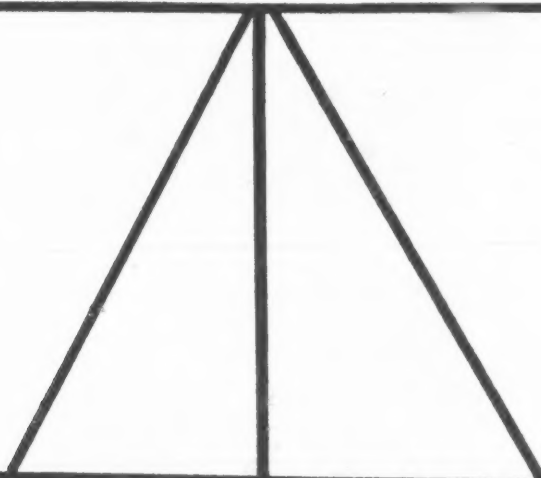
TENTATIVE DATES FOR THE 1971 PROGRAM:

JUNE 7 THROUGH AUGUST 27

FOR MORE INFORMATION CONTACT:

Robert R. Detore
Director,
Office of Student Affairs
AUPHA
Suite 420,
One Dupont Circle
Washington, D.C. 20036
(202) 659-4354

HOSPITAL ADMINISTRATION A PERSONAL COMMITMENT



NATIONAL CLEARINGHOUSE

FOR

MINORITY GROUP APPLICANTS TO GRADUATE PROGRAMS IN HOSPITAL ADMINISTRATION

.....

ASSOCIATION OF UNIVERSITY PROGRAMS IN HOSPITAL ADMINISTRATION

OFFICE OF STUDENT AFFAIRS

SUITE 420/ ONE DUPONT CIRCLE/ WASHINGTON, D.C. 20036/ (202)659-4354

Dear Applicant:

We are pleased to learn of your interest in a career in hospital administration. The Association of University Programs in Hospital Administration is interested in assisting you to apply to graduate programs in hospital administration.

The enclosed information sheet will be duplicated and sent to the graduate programs in hospital and health care administration. You will then hear directly from the schools which have openings.

Please follow the instructions below carefully and return the information sheet to us as soon as possible. A fee of \$2.00 for processing and duplication should be enclosed with your form.

Feel free to contact us if we can be of help to you.

Sincerely yours,

Robert R. Detore
Director
Office of Student Affairs

* * * *

I N S T R U C T I O N S

1. The entire information sheet should be typed.
2. All questions should be answered in the space provided.
3. Please enclose your check or money order, payable to AUPHA, in the amount of \$2.00 with your form. Tear off the form and send to:

AUPHA/Office of Student Affairs
Suite 420
One Dupont Circle
Washington, D.C. 20036

4. Send the form back to us promptly. Openings in the Programs are limited.

ASSOCIATION OF UNIVERSITY PROGRAMS IN HOSPITAL ADMINISTRATION

OFFICE OF STUDENT AFFAIRS

NATIONAL CLEARINGHOUSE FOR
MINORITY GROUP APPLICANTS TO GRADUATE PROGRAMS IN HOSPITAL ADMINISTRATION

1. NAME _____
LAST FIRST MIDDLE

2. MAILING ADDRESS: _____
STREET CITY
STATE ZIP CODE TELEPHONE: AREA CODE NUMBER

3. PERMANENT ADDRESS: _____
STREET CITY
STATE ZIP CODE

4. PRESENT AGE: _____ YEARS MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

5. YEAR YOU ARE APPLYING FOR ADMISSION: 197 ____.

6. WILL YOU NEED FINANCIAL ASSISTANCE FOR GRADUATE SCHOOL: YES _____ NO _____.

7. LIST ALL UNDERGRADUATE COLLEGES ATTENDED:

<u>Institution</u>	<u>Location</u>	<u>Dates Attended</u> <u>From To</u>	<u>Field of</u> <u>Concentration</u>	<u>Degree</u> <u>Conferred</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. UNDERGRADUATE MAJOR: _____ MINOR: _____

9. GRADE POINT AVERAGE: (Compute your grade average on a 4 point system as follows
using: A (95%) = 4, B (85%) = 3, C (75%) = 2, D (65%) = 1, F = 0

_____ FIRST YEAR _____ THIRD YEAR
_____ SECOND YEAR _____ FOURTH YEAR

10. DID YOU PARTICIPATE IN THE NATIONAL WORK/STUDY RECRUITMENT PROGRAM IN
HOSPITAL ADMINISTRATION: _____ YES _____ NO _____ YEAR.

11. DESCRIBE ANY PREVIOUS WORK EXPERIENCE (RELATED OR NOT TO THE HEALTH
FIELD): _____

12. WHY HAVE YOU SELECTED HOSPITAL ADMINISTRATION AS A FUTURE CAREER:

13. SIGNATURE: _____ DATE: _____

THIS IS NOT AN APPLICATION TO GRADUATE SCHOOL. APPLICATIONS WILL BE SENT
DIRECTLY TO YOU BY EACH UNIVERSITY.

END